

Serious Incident Learning Action Plan


SI Reference:	SI715/2015 STEIS 2015/28712
Version/Date:	1.1
Action Plan Author:	CPFT

Please highlight the action using a colour, depending on it's priority:



Ref.1 Is a statutory requirement
General Manager is ultimately responsible for the action plan

Ref	Recommendation (taken from the Investigation report)	Action (what we need to do)	Level of recommendation (Team, Service, Directorate, Organisation)	Responsible Officer	Evidence	Completion Date	PROGRESS	Action Complete / RAG (for office use only)	Date Signed off	Signed Off By
5	The process of discharge from Cambridgeshire and Peterborough NHS Foundation Trust services to primary care must be supported by specific delivery standards that are formally monitored	Review and Audit discharge policy 1. Update the PDCS and CALT SOPs to include general advice on re-referral – planned Prism, unplanned FRS.	Organisational	CPFT -Medical Director	1.SOP and guidelines 2.DMT agenda and minutes 3.General Manager	1) 28/2/19 2) 31/03/19 3) 07/07/19		<input type="checkbox"/>		

		<ul style="list-style-type: none"> 2. Review in DMT 3. Circulate requirement for minimum information on discharge communication to service managers 4. Include on audit programme for directorate 5. Disseminate across CAMH and OPMH other directorates. 			<p>emails to service managers</p> <p>4.Audit program</p> <p>5.Clinical Director /Associated Director Of Operations communication</p>	<p>4) 28/02/19</p> <p>5) 07/04/19</p>				
7	Cambridgeshire and Peterborough NHS Foundation Trust must ensure that an understanding and assessment of insight is included in its risk management training	Include Insight in risk management training	Organisational	CPFT Director of Nursing and Quality	Slides 143-144 Insight is covered in the formulation process of clinical risk training. It can be a protective factor i.e. if someone with dementia has insight it can be a risk but when they	18/10/18				

					lose their memory sufficiently it can then become a protective factor. Or we discuss why a lack of insight has to be addressed in the care plan as a perpetuating factor because if someone does not have insight into the impact that their behaviour is having on them and others it has to be addressed.					
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INQUEST DATE:

INQUEST VERDICT:

Outcomes and further recommendations for the Trust:

MINIMUM STANDARDS FOR ACTION PLANS

The action plan must define:

- Who has agreed the action plan
- Who will monitor the implementation of the action plan
- How often the action plan will be reviewed
- Who will sign off the action plan and where will the “evidence of action” be record

The action plan should contain:

1.	Recommendations based on the contributing factors	These should be the analysis and findings of the investigation – the recommendations from the report
2.	Action Agreed	This should be the actions the organisation needs to take to resolve the contributory factor
3.	Level of Recommendation	Do the actions need to be taken at - Uniquespecific to the organisation/team - Common.....organisation specific - Universalhave regional/national significance
4.	By Who	Who in the Trust will ensure the action is completed
5.	Planned Action Start Date	Date at which the organisation intends to start a particular action
6.	Planned action and start date	Target date for completion of the action
7.	Resource Requirements	To be able to complete the action – what resources are required?
8.	Evidence of Completion	What evidence will be available to demonstrate that the action has been completed? This should include any intended post action plan review or audits
9.	Sign off	Date when the action has been completed

10	Presentation / short brief on the learning /changes in practice	What Groups/Committees need to be aware of this action plan?
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